

IN-HOME SUPPORTIVE SERVICES BATCH COVER SHEET

		BATCH TYPE	
MONTH AND YEAR	____ / ____ MM YY	<input type="checkbox"/>	DIRECT DEPOSIT REQ.
BATCH SEQUENCE #	_____	<input type="checkbox"/>	UPDATE FORMS
TIMESHEET HOURS A (1-15)	_____	<input type="checkbox"/>	TIMESHEETS
TIMESHEET HOURS B (16-31)	_____	<input type="checkbox"/>	SPECIAL PRE-AUTHORIZED TRANSACTIONS
NUMBER OF FORMS IN BATCH	_____	<input type="checkbox"/>	LIEN/RECOVERY

COUNTY CODE	_____
DATE	____ / ____ / ____
SIGNATURE:	_____

AFTER ENTRY CHECK ONE OF THE FOLLOWING:	
<input type="checkbox"/>	ALL FORMS ACCEPTED
<input type="checkbox"/>	FORMS FAILED EDITS

DATE ENTERED	____ / ____ / ____
SIGNATURE:	_____

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